

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | |
| 2 | | 1 | | | | |
| 3 | 2 | | | | | |
| 4 | | | | | | |
| 5 | 3 | 0 | | | | |
| 6 | 0 | 1 | | | | |
| 7 | | | | | | |
| 8 | 0 | 0 | | | | |
| 9 | 0 | 0 | | | | |
| 10 | 0 | 0 | | | | |
| 11 | 1 | | | | | |
| 12 | | 1 | | | | |
| 13 | 2 | | | | | |
| 14 | 0 | 0 | | | | |
| 15 | 0 | 0 | | | | |
| 16 | 0 | 0 | | | | |
| 17 | 0 | 0 | | | | |
| 18 | 0 | 0 | | | | |
| 19 | 0 | 0 | | | | |
| 20 | 0 | 0 | | | | |
| 21 | 0 | 0 | | | | |
| 22 | 0 | 0 | | | | |
| 23 | 0 | 0 | | | | |
| 24 | | 1 | | | | |
| 25 | | 1 | | | | |
| 26 | 2 | | | | | |
| 27 | | 1 | | | | |
| 28 | | 1 | | | | |
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| 33 | | 1 | | | | |
| 34 | | 1 | | | | |
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| TOTAL IND. | 3 | | 2 | | | |
| TOTAL DEP. | 27 | 27 | 7 | 7 | | |
| TOTAL CLAIMS | 30 | | 9 | | | |

| * | IND. | DEP. | * | IND. | DEP. | * | IND. | DEP. |
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| TOTAL IND. | | | | | | | | |
| TOTAL DEP. | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | |